

DISCOURSE

Exploring the ethics of induced abortion

SUNITA BANDEWAR

Centre for Studies in Ethics and Rights, Anusandhan Trust, Pune/ Mumbai, INDIA. Address for correspondence: C-5, Mantri Avenue I, Panchawati, Pashan Rd, Pune 411 008 INDIA. Email: sunitavb@vsnl.net

In the years that I have been engaged in abortion research – and advocacy for women's right to safe abortions – I have faced difficult questions about my stand on the subject. I have been challenged on my views supporting abortion in general. I have also been asked how I can oppose sex selective abortion while supporting women's right to abortion. This apparent contradiction is further complicated by the question of whether a woman's right to abortion includes the right to abortion of a foetus with a disability.

The controversies surrounding any discussion of abortion ethics are long-standing and with no prospect of resolution in the near future. For one, they refer to the competing goals, rights and responsibilities of more than one entity/individual. Further, ethical complexities have increased as medical advances in reproductive technologies enable 'children of choice', using techniques including sex selection. However, researchers' and activists' stands on such issues must be reasoned out if they are to interact with the public concerned with such debates. This is particularly important when one is engaged in advocacy in the community.

Thus I felt the need to examine whether various seemingly contradictory positions could be resolved and sustained on ethical grounds. I tried applying the various ethical frameworks – deontology, utilitarianism, principlism, communitarianism and feminist ethics – to see which one better explains the complexity of the issue at hand. In this paper, I discuss the application of the feminist bioethics framework which I found was the best equipped to address the ethical complexities involved.

The difficult question

Though it has been practiced by women from the beginning of human history, abortion to prevent unwanted births continues to be stigmatised. The social, cultural, religious, legal and political context of abortion is complex. This is complicated by advances in medical technology. A range of prenatal diagnostic technologies since the 1970s and the emergence of preconception and genetics-based technologies more recently have made it possible to know the status of the foetus in terms of sex or other "abnormalities". This has encouraged women and their families to seek selective abortions including sex-based ones.

This paper examines three core ethical issues around abortion: the moral standing of the foetus which is closely linked with the concept of 'personhood'; the conflict of 'rights'

between the woman and her foetus; and finally whether the harm, to a woman, of carrying an unwanted pregnancy to full term outweighs the harm of undergoing an abortion. It touches upon ethical issues involved in sex-selective abortions and abortions sought following medical diagnosis predicting mental or physical disabilities.

Feminist ethics

The different streams of thought in feminist bioethics literature are all responses to institutionalised sex-based discrimination, and moves towards a more just society (1-2). Within feminist bioethics, some have drawn on the strengths of various ethical decision making models (1- 3). Of the four basic principles in ethical principlism, the dominant ethical decision-making model proposed by Beauchamp and Childress (4), feminist bioethics emphasises the principles of autonomy and justice. It differs in its treatment of these concepts. The concept of autonomy emphasises the significance of a 'relational approach' which views all individuals as part of a larger whole (5-6). Justice is conceptualised as 'social justice' or redistributive justice and presumes a fair relationship among social groups. It criticises the overemphasis of the philosophical conception of justice which ignores the oppressive systems within which distribution takes place (7). It also notes that philosophers have viewed justice only in the public realm and traditionally ignored the private sphere, where domestic injustice takes place (8). The failure to acknowledge gender injustice in the family permits it to be perpetuated and extended. Feminist bioethics also differs from other bioethics frameworks in its methodological approach (9). It takes into account the systemic whole, whether analysing a single phenomenon or a general issue. The case-based approach, contextual analysis, a moral and political stance against social justice, and attention to disadvantaged groups in terms of power relationships – all these characterise the methodologies of feminist approaches to bioethics. It uses differential analytical categories such as gender, age, sexual orientation, disability status, socio-economic status, race, culture, and ethnicity. Although consequences are considered morally relevant, they are not exclusive. It focuses on action and processes. In the feminist bioethics framework, persons are intrinsically valuable and social justice enjoys an overriding concern. Finally, feminist bioethics is grounded in empirical realities. Its goal is to eradicate all forms of oppression.

The moral standing of the foetus

The concept of 'personhood' is pivotal to determining the moral

standing of the foetus. The manner in which this concept is defined influences the way in which the conflict between the rights of the woman and of the foetus are seen in the context of abortion. The key questions to define the 'personhood' status of the foetus are: 'what is a person?' and 'When does personhood begin?' The literature indicates that there is no consensus on criteria defining personhood; they are as difficult and controversial as abortion itself is. Definitions of personhood vary between the most stringent and the most lenient. For example, the criteria proposed by the philosopher Anne Warren include consciousness, reasoning, self-motivated activity, the capacity to communicate, and the presence of self-concepts and self-awareness. (10). These will not be fulfilled by a newborn. The most lenient, defined by theologians, refers to the "decisive moment of humanisation," when the new being receives the genetic code' (11, 12). Between these two extremes lies a range of other criteria. Some are based on traditional beliefs, such as the point of 'quickening' and 'ensoulment'. Others are the result of scientific development, such as 'viability' and the presence of 'electroencephalographic' (brainwave) activity (13). Other approaches emerged from the 'developmental view' of prenatal life (14) and from the 'potential for developing into adult human being' – both views marking the point of conception as the beginning of personhood. However, there never has been consensus on these criteria. I suggest that this is primarily because those involved in the debate arrive at the definition of personhood based on their values about abortion – their moral judgement on the woman who undergoes an abortion, or its association with a particular religion and so on. Thus, though the definition of personhood is pivotal to the discourse of abortion ethics, it remains unresolved.

Feminists consider personhood a social category, not an isolated state. To be a morally significant category, personhood must involve personality as well as biological integrity (15). It relies much on the concept of the 'second person' defined by Annette Baier (16). This emphasises the social dimension fundamental to any moral notion of personhood. Persons are thus members of a social community which shapes them; personhood is a relational concept defined in terms of interactions and relationships with others. From this perspective, foetuses have limited relationships in which they can participate and can make only the most restricted contributions. They cannot form relationships freely with others and *vice versa*. The foetus' primary relationship is with the woman who carries it in her womb. All relationships are mediated through her. The relationship between the foetus and the woman carrying it is asymmetrical; it is completely dependent on the woman whereas she can live without it. For this reason, feminist bioethics reasons, the responsibility of determining the value of the foetus must rest with the woman.

A conflict of rights

The feminist ethics framework views the situation of the pregnant woman considering abortion as part of a social system. A central moral feature of the argument is that pregnancies take place within women's bodies and have profound effects on their lives (3, 17). The other central argument is grounded in women's status – their social and family roles and responsibilities, their

secondary status in most spheres of activity and male-centred work cultures and employment policies.

Within this framework, it argues, women should be judge of whether abortion is an appropriate response to a pregnancy. It is inappropriate to lay down abstract rules for when a decision to abort or not is "right". Woman's deliberations will involve considerations of their commitments to the needs and interests of everyone concerned, including the foetus (2). Women should be considered the full moral agents, responsible for making moral decisions. Women must have the freedom and the authority to control their reproduction, free of male dominance and oppressive conditions of poverty and subordination.

This argument might seem to fall within the libertarian framework which holds individual rights sacred. However, it is based on an analysis of empirical realities recognising the 'individual in relationships' rather than the 'individual in isolation'. Its appeal is not so much to the woman's right to bodily integrity, privacy and pursuit of happiness. It is based on two fundamental principles: human beings have "the right to a full human life and to whatever means are necessary to achieve this"; and "decisions should be made by those, and only by those, who are importantly affected by them." (18). Since it is the woman who will probably be responsible for rearing the infant to adulthood if it is born, the decision to have or not have the baby must be hers.

Further, the approach to abortion must address women's reproductive needs to balance the systematic oppression they face because of gender, race, class and ethnicity. For example, women from poorer families are much more affected by the lack of access to abortion. Thus, the two reinterpreted principles – the notion of a 'relational' autonomy and a redistributive justice – and the feminist perspective of 'personhood' together justify women's rights to abortion from the ethics point of view.

Objections and the response

The four major objections to women's right to abortion are that it (a) violates foetuses' right to life; (b) ignores and/or encourages women's irresponsible indulgence in sexual relationships; (c) ignores the rights of fathers and other significant others; and (d) ignores the option that technology be developed for unwanted foetuses to grow outside the mother's womb (so abortion need not be sought; babies thus born could then be adopted) and unwanted children could be adopted.

The response, from the feminist ethics framework, would be grounded in the relational aspects of human beings on the one hand and the systemic and contextual analytical framework that characterises the feminist ethics perspective as discussed earlier. For example, we have earlier seen that the concept of 'personhood' from the feminist perspective does not allow the foetus the status of 'second person' since its mother is its mediator. Similarly, the feminist ethics framework highlights the power politics active in all spheres of life which results in women's lack of control over reproduction and lack of access to safe contraceptives. At the same time, though fathers contribute equally to the foetus' genetic make up and formation, in all

societies women are most affected during pregnancy, delivery and while rearing the child – because of biology, social conditioning and even law. Also, the feminist ethics framework holds that women will take into account the interests and concerns of ‘significant others’ while arriving at a decision on abortion. Lastly, the options of having unwanted children grow outside the mother’s womb, and of adopting children, are considered medical encroachments on women’s reproductive autonomy. They must be resisted as they can alienate women from their foetuses even in other circumstances (19, 20).

Ethics of sex selection

Sex selection can be a reflection of oppressive sexism in both traditional as well as western societies. Those in favour of sex selection argue that it would enhance the quality of life for a child of the “wanted” sex, for the family with the desired “sex balance” and for women as they often can be pregnant less often. Finally, it would also help limit the population. Empirical data in various parts of the world do not support these arguments. Among others, Overall concludes that there appear to be no valid argument for sex selection on the ground of “enhanced quality of life” (21). As for the argument that it helps limit population, there is no evidence to this effect – and in any case, at what social cost would this be done? Further, disturbances in the natural sex-ratio will have unknown consequences. Obvious imbalances in sex ratio in China and India are attributed to female infanticide, sex-selective abortions and a one-child per-family policy (22).

If the feminist bioethics’ argument supporting women’s right to abortion is extended mechanically, it could be seen as supporting women’s right to sex-selective abortions. For example, it is argued that if women do not produce sons, they will be victimised by their families and communities. Thus, women should have the right to sex-selective abortion, exercising their right to autonomy and preventing victimisation. However, while individual women might escape abuse this way, it actually reinforces gender inequities and accepts social injustice. Women’s right to abortion should emancipate them from sex-based subordination. Sex-selective practices perpetuate the oppressive and sexist society which promotes this practice.

Preconception sex-selection technologies do not require women to abort foetuses. With advances in medical technology, including the genome project, approval of sex selection would set a precedent to permit choosing characteristics unrelated to disease – eye colour, hair type and colour, height or something else. This positive eugenics would soon lead to the commodification of human beings. The other long-term consequence will be in terms of the increased racism and classist use of genetic knowledge. For example, these technologies will be affordable only for elites who would set the fashion for socially desired characteristics of human beings (23, 24).

Once again, a thoughtful application of the feminist ethics framework, using both the principles of redistributive justice and a systemic analysis of the long-term consequences of sex-selection practices, helps address the difficult ethical issues

involved in sex-selective practices.

Selective abortions for disability

A new problem comes up when considering the right to abortions of a foetus with a disability. One might argue that the same reasoning can be applied: since women face the most profound impact of such children upon their birth, they should be the sole decision makers to either continue or terminate pregnancy.

However, this position potentially strengthens the “normative” conceptualisation of “disability” which is value-laden. It sets a precedent for elimination of “unfit” people. Within the feminist streams, there is strong opposition emerging to this position on these grounds. Additionally, people with disabilities are lobbying against such views on grounds of social justice and rights of the disabled.

This leaves us in a quandary with grey areas and unresolved matters although from the point of view of the women, it still tends to tilt in favour of their having right to decide in this regard.

Conclusion

The feminist perspective provides a response to most objections to abortion, by offering a systemic analysis, a contextual approach, and an acknowledgement of oppression and inequalities along various axes. It also enables a resolution of seemingly contradictory positions in favour of abortion and against sex-selective abortion. The two major principles of principlism – respect for autonomy and justice – are reinterpreted, based on people’s experiences, thus strengthening both the reasoning and its appeal to common people.

Acknowledgments: To Barbara Seccker, Faculty, Joint Centre for Bioethics, University of Toronto for her comments and feedback while the piece was in the development stage; to the unknown reviewer for review comments and to many of my women friends in the community who constantly made me think about these seeming contradictions.

References

1. Wolf S. (ed). *Feminism and bioethics: Beyond reproduction*. New York: Oxford University Press, 1996.
2. Sherwin S. *No longer patient: Feminist ethics and health care*. Philadelphia: Temple University Press, 1992.
3. Tong R. *Feminist approaches to bioethics: Theoretical reflections and practical applications*. USA: Westview Press, 1997.
4. Beauchamp T, Childress J. *Principles of biomedical ethics*, 5th edn. Oxford: Oxford University Press, 2001.
5. Donchin A. Understanding autonomy relationally: Toward a reconfiguration of bioethical principles. *Journal of Medicine and Philosophy*, 2001; 26(4): pp 365-386.
6. Sherwin S. A relational approach to autonomy in health care. In: Sherwin S (ed). *The politics of women’s health: Exploring agency and autonomy*. Philadelphia: Temple University Press, 1998.
7. Young I. *Justice and politics of difference*. Princeton, NJ: Princeton University Press, 1990.
8. Okin S. *Justice, gender, and the family*. New York: Basic Books, 1989.
9. Sherwin S. “Feminism and bioethics,” In: Wolf S (ed). *Feminism and bioethics: beyond reproduction*. New York, Oxford: Oxford University Press, 1996; pp 48-66.
10. Warren M. “On the moral and legal status of abortion.” In: Beauchamp T. and Walters LE (eds.) in *Contemporary issues in bioethics*, California:

Dickenson, 1978. pp 217-228.

11. Noonan J. "An almost absolute value in history." In: Gorovitz S, Macklin R, Jameton A, O'Connor J, Sherwin S. (eds). *Moral problems in medicine*. 2nd edn. Englewood Cliffs, N.J.: Prentice-Hall. 1983, pp 303-308.
12. Ramsey P. "The morality of abortion." In: Rachels J (ed) *Moral problems: A collection of philosophical essays*. eds., 2nd ed., New York: Harper and Row, 1975, pp 37-58.
13. Brody B. "On the humanity of the fetus" In: Beauchamp T, Walters LE (eds). *Contemporary issues in bioethics*, eds., California: Dickenson, 1978; pp 229-240.
14. Cahil L. Defining personhood: A dialogue. *Conscience* 13 (spring), 1992; pp 19-28.
15. Petchesky R. *Abortion and woman's choice: The state, sexuality, and reproductive freedom*. Boston: Northeastern University Press, 1985.
16. Baier A. *Postures of the mind: Essays on Mind and Morals*. Minneapolis: University of Minnesota Press, 1985.
17. Willis E. Putting women back onto the abortion debate. *Village Voice*, July 16, 1985; pp15.
18. Jagger A. Abortion and a woman's right to decide. In: Carol CG, Wartofsky MW, (eds). *Women and Philosophy: Toward a Theory of Liberation*. New York: Putnam's, 1976.
19. Donchin A. The growing feminist debate over the new reproductive technologies. *Hypatia*, 1989; 4(3): 144.
20. Overall C. *Human reproduction: Principles, practices, policies*. Toronto: Oxford University Press, 1993; pp 75.
21. Overall C. *Ethics and human reproduction: A feminist analysis*. Boston: Allen and Unwin, 1987.
22. Sen A. More than 100 million women are missing. *New York Review of Books*, December 20, 1997; pp 61-66.
23. Fletcher J, Kare B, Knut E. Ethical aspects of medical genetics: A proposal for guidelines in genetic counseling, prenatal diagnosis and screening. *Clinical genetics*, 1985; 27:199-205.
24. Daniel N. "It isn't just the sex..." *American Journal of Bioethics*, 2001; 1(1): 10-11.

If you are looking for India's finest medical journal, then here it is.

The National Medical Journal of India is a premier bi-monthly multi-disciplinary health sciences journal which publishes original research, reviews, and other articles relevant to the practice of medicine in India. The journal aims to instruct, inform, entertain and provide a forum for the discussion of social, economic and political health issues. It is included in the Index Medicus (Pubmed), Excerpta Medica (EmBase), BIOSIS, Current Contents/Clinical Medicine and Science Citation Index.

SUBSCRIPTIONS

	One year	Two years	Three years
Indian	Rs 500	Rs 900	Rs 1300 (ordinary mail)
Overseas	US \$80	US \$140	US \$200 (airmail)

Personal subscriptions paid from personal funds are available at 50% discounted rates

Please add Rs 20 for outstation cheques. Bank draft/cheque should be made in favour of The National Medical Journal of India. Journals can be sent by registered post. Please add Rs 60 per annum for postage charges at the time of subscribing.

Please send your subscriptions, queries to:

The Subscription Department, *The National Medical Journal of India*, All India Institute of Medical Sciences, Ansari Nagar, New Delhi 110029. Tel: 91-11-6863002 FAX: 91-11-6862663

E-mail: nmji@aiims.aiims.ac.in



The National Medical Journal of India
On the frontline of Indian medicine